| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155383 | A. BUILDING 00<br>B. WING | 03/16/2012 |

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| F0000 | This visit was for a Recertification and State Licensure Survey.<br><br>Survey dates: March 12, 13, 14, 15, & 16, 2012<br><br>Facility Number: 000393<br>Provider Number: 155383<br>AIM Number: 100289340<br><br>Survey team:<br>Patti Allen BSW TC<br>Marcy Smith RN<br>Leia Alley RN<br>Dinah Smith RN<br><br>Census bed type:<br>SNF/NF: 81<br>Total: 81<br><br>Census payor type:<br>Medicare: 15<br>Medicaid: 53<br>Other: 13<br>Total: 81<br><br>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.<br><br>Quality review 3/23/12 by Suzanne Williams, RN | F0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F0156 SS=D | 483.10(b)(5) - (10), 483.10(b)(1)<br>NOTICE OF RIGHTS, RULES, SERVICES, CHARGES<br>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.<br><br>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.<br><br>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.<br><br>The facility must furnish a written description of legal rights which includes: | | | |

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| | A description of the manner of protecting personal funds, under paragraph (c) of this section;<br><br>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.<br><br>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.<br><br>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the | | | |

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| | individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.<br><br>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.<br><br>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits. | | | |
| | A) Based on record review and interview, the facility failed to ensure a resident's family/responsible party was provided with information regarding cost of services not covered by Medicaid or Medicare at time of admission and what their financial liability was during Medicaid Pending process. This affected 1 of 3 residents whose families were interviewed. ( Resident# 111)<br><br>B) Based on interview, the facility failed to ensure residents were aware of their rights for 2 of 2 resident council members interviewed regarding their knowledge of resident rights. (Residents #26 and #40)<br><br>Findings Include: | F0156 | What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Resident Council meeting on 4/4/2012 took place showing Residents where to locate Residents Rights posting with discussion of examples of Residents' Rights. Resident Council discussed on 4/4/12 what an Ombudsman is, where to locate Ombudsman phone number in facility as well as where to locate Ombudsman brochures. Residents currently waiting for Medicaid approval, received information on monthly statement sent on 4/4/12 regarding liability. Executive Director inserviced Director of Admissions 0n 4/4/12 on facility Resident Rights policy for Resident/Responsible party to receive copy of Resident Rights, location of names, addresses, and telephone numbers of all | 04/12/2012 |

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| | | | pertinent state client advocacy groups, incuding the State Ombudsman program, and documents of covered services under Medicaid and Medicare, upon admission. Social Service Director and Activities Director participated on 4/4/12 in showing Residents where to locate Resident Rights posting with examples of Residents' Rights and Ombudsman information. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. Resident Council meeting on 4/4/2012 showing Residents where to locate Residents Rights posting with discussion of examples of Residents' Rights. Resident Council discussed on 4/4/12 what an Ombudsman is, where to locate Ombudsman phone number in facility as well as where to locate Ombudsman brochures. Residents currently waiting for Medicaid approval, received information on monthly statement sent on 4/4/12 regarding liability. Ombudsman will be present at facility on 4/9/12 to meet with Residents. What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur? Executive Director inserviced Director of Admissions on facility policy for Resident/Responsible | |

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| | | | party to receive copy of Resident Rights, location of names, addresses, and telephone numbers of all pertinent state client advocacy groups, incuding the State Ombudsman program, and documents of covered services under Medicaid and Medicare, upon admission. Admission paperwork for those Residents admitted after 4/4/12 includes acknowledgement of the following: receipt of Residents Rights, Ombudsman information, list of covered items under Medicaid and Medicare, and explanation of liability. Social Service Director and Activities Director participated in showing Residents where to locate Resident Rights posting with examples of Residents' Rights and Ombudsman information. All Residents and/or Responsible Party to receive updated Residents Rights information, Ombudsman information, list of covered items under Medicaid and Medicare, with explanation of liability by 4/12/12 via hand delivery or standard mail. Ombudsman will be present at facility on 4/9/12 to meet with Residents. All Residents to receive Ombudsman brochure by 4/12/12. All new employees to receive Residents Rights orientation upon hire, and at least once annually. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what | |

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| | A) During an interview on 3/13/12 at 10:10 a.m., Resident #111's family | | quality assurance program will be put into place? Executive Director will provide increase monitoring for Resident Rights. Resident Rights policy was developed for Resident/Responsible party to receive copy of Resident Rights, location of names, addresses, and telephone numbers of all pertinent state client advocacy groups, incuding the State Ombudsman program, and documents of covered services under Medicaid and Medicare, upon admission. Resident Rights audit tool will be utilized weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure Residents and/or Responsible Parties are aware of Residents Rights, Residents Rights provided at admission, Ombudsman information accessible to all Residents in facility and made available upon admission. Resident Rights audit tool will be utilized weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure Residents and/or Responsible Parties has acknowledged receipt of list of covered items under Medicaid and Medicare, and information regarding liability. If threshold of 95% is not achieved an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance. | |

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| | indicated the facility did not inform them of charges they would incur over the time span in which Resident #111 would be waiting to be approved for state funded assistance, and that they were issued a bill for around $1600.00. The family of Resident # 111 indicated they had not received any information about resident liability nor did the family receive a facility list of items and charges not covered by Medicaid and/or Medicare.<br><br>During an interview with the ED (Executive Director) and Admissions Personnel on 3/14/11 at 2:40 p.m., they indicated that when family members are out of state, as Resident #111's are, they are informed of cost of services over the phone in a telephone conference call. Further information was requested in regard to the information given to the family via their telephone conference, at this time of interview.<br><br>During an interview with the Admissions personnel on 3/14/12 at 3:15 p.m., she indicated they did not have any information in regard to cost and charges or the telephone conference with Resident #111's family.<br><br>During an interview with the ED on 3/16/12 at 2:10 p.m., further information was requested about the bill the family | | | |

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| | received from the facility.<br>At this time, an interview with the Receptionist, who handles resident funds along with the Business Office Manager who was not available during the time of the survey, indicated there was a check that was received from a family member on 3/5/12 for the amount of $830.00. The Receptionist was not able to explain exactly what the payment was for.<br><br>On 3-16-12 at 4:30 p.m., during interview with the ED (Executive Director), she indicated there was no documentation the family had been informed of the liability or received a facility service list of charges not covered by Medicaid and/or Medicare.<br><br>B) During an interview with Resident Council President on 3/14/12 at 10:30 a.m., Resident #26, she indicated she thought resident rights were discussed at council meetings but she was not able to give an example of a resident right. She indicated she did not know the results of a state inspection survey were available and she did not know what an Ombudsman was.<br><br>During an interview with the Resident Council Vice President on 3/15/12 at 9:45 a.m., Resident #40, he indicated | | | |

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| | he had heard of resident rights but he was unable to give an example. He indicated he did not know the results of a state inspection survey were available in the front lobby. He also indicated he did not know what an Ombudsman was or how to call him.<br><br>3.1-4(a) | | | |

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| F0160 SS=A | 483.10(c)(6)<br>CONVEYANCE OF PERSONAL FUNDS UPON DEATH<br>Upon the death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.<br><br>Based on record review and interview, the facility failed to convey within 30 days, the resident's funds upon death, to the individual administering the resident's estate for 1 of 1 resident reviewed for personal funds disbursement upon death. (Resident #54)<br><br>Findings Include:<br><br>During an interview on 3/14/12 at 2:00 p.m., with the Receptionist who handles residents' funds, information regarding a deceased resident's funds/account was requested for review.<br><br>The facility provided documentation of Resident #54's account balance and what was done with the amount; however, they did not provide a copy of the check that was issued back to the state for reimbursement of Medicaid funds.<br><br>During an interview with the ED | F0160 | What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Facility issued check on 3/16/12 back to the State of Indiana for reimbursement. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. On 4/6/12, Business Office Manager reviewed all Resident Trust Fund accounts, concluding all accounts current for Residents deceased in last 30 days. What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur? Business Office Manager will review all Resident Trust Fund accounts monthly to ensure conveyance of personal funds upon death within 30 days to the individual or probate jurisdiction administering the Resident's estate. On 4/6/12, Business Office Manager reviewed all Resident Trust Fund accounts, concluding all accounts current | 04/06/2012 |

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| | (Executive Director) on 3/16/12 at 9:20 a.m., further information was requested about the check that was issued back to the state in regards to resident's funds.<br><br>During an interview with front desk Receptionist on 3/16/12 at 11:00 a.m., she indicated Resident #54's funds were issued today, 3/16/12, back to the state of Indiana for reimbursement. Resident #54 had passed away on 11/5/11.<br><br>3.1-6(h) | | for Residents deceased in last 30 days. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Business Office Manager or designee will utilize Conveyance of Personal Funds audit tool monthly to ensure conveyance of personal funds upon death. If 100% threshold is not achieved an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance. | |

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| F0167 SS=C | 483.10(g)(1)<br>RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE<br>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.<br><br>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.<br><br>Based on observation and interview, the facility failed to ensure a notice of the availability of state survey results was posted and the results of the most recent state survey, with the facility's plan of correction, were displayed in a manner which was easily accessible to residents and visitors for 2 of 2 resident council representatives interviewed. This had the potential to affect all 81 residents and their visitors. (Residents #26 and #40)<br><br>Findings include:<br><br>During a tour of the facility on 3/14/12 at 3:35 p.m., a black binder was observed sitting in the corner of the front desk in the lobby. The binder was not labeled. The last survey and plan of correction were found in the binder. Information posted regarding the location of the last survey was not | F0167 | What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? New posting of state survey results availability and labeled binder containing state survey results was completed by 3/26/12. Resident Council meeting on 4/4/12 involved discussion with the Residents by Social Service Director and Executive Director on where recent survey results availability is posted and where most recent survey results with plan of correction are kept. Staff assisted Residents to show each the survey results availability posting and labeled binder indicating State survey results with plan of correction. Resident Council President satisfied with explanation and availability of survey results and plans of correction. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to | 04/12/2012 |

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| | found during this tour.<br><br>During an interview with Resident Council President on 3/14/12 at 10:30 a.m., Resident #26, she indicated she did not know the results of a state inspection survey were available or where to look for them.<br><br>During an interview with the Resident Council Vice President on 3/15/12 at 9:45 a.m., Resident #40, he indicated he did not know the results of a state inspection survey were available in the front lobby.<br><br>3.1-3(b)(1) | | be affected by this alleged deficient practice. New posting of state survey results availability and labeled binder containing state survey results was completed by 3/26/12. Resident Council meeting on 4/4/12 involved discussion with the Residents by Social Service Director and Executive Director on where recent survey results availability is posted and where most recent survey results with plan of correction are kept. Staff assisted Residents to show each the survey results availability posting and labeled binder indicating State survey results with plan of correction. What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur? New posting of state survey results availability and labeled binder containing state survey results was completed by 3/26/12. State survey results audit tool by Quality Assurance Committee will be utilized weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure posting of availability and labeled binder to include state survey results and plans of correction. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? State survey results audit tool by Quality Assurance Committee will be | |

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| | | | utilized weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure posting of availability and labeled binder to include state survey results and plans of correction. | |

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| F0441<br>SS=E | 483.65<br>INFECTION CONTROL, PREVENT SPREAD, LINENS<br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.<br><br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br><br>Based on observation, interview and record review, the facility failed to | F0441 | What corrective action(s) will be accomplished for those Residents | 04/12/2012 |

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| | ensure precautions were followed to prevent the potential spread of infection for 1 of 2 residents observed for isolation precautions. This had the potential to affect 20 residents residing on the 300 hall. (Resident # 67)<br><br>Findings included:<br><br>On 3/15/12 at 9:35 a.m., an isolation supply container was observed outside Resident #67's room. There was no sign on the door to caution staff or visitors before entering the room.<br><br>Certified Nursing Assistant (CNA) #1 was observed in Resident #67's room at this time without gloves on, removing the resident's breakfast tray.<br><br>Certified Nursing Assistant (CNA) #2 was observed at 9:40 a.m. on this date carrying a clear plastic bag of linen out of the room. He indicated he was taking it to the soiled utility room. He placed the bag on the counter of the soiled utility room. He indicated they were not supposed to place isolation linens or clothing in the regular soiled container. He indicated the laundry staff would know it was from an isolation room because it was | | found to have been affected by the deficient practice?<br>One-on-one inservicing by Infection Control nurse conducted by 4/6/12 for those staff that may need further education related to infection control program and preventing the spread of infection. All staff, including nursing and laundry staff, to complete inservice training and skills validation by 4/12/12 on Infection Control precautions including, but not limited to, isolation rooms with posting at door cautioning staff or visitors before entering room, proper use of gloves when removing items from isolation room, proper transport and placement of soiled linens from isolation room, handwashing, and proper use of personal protective equipment to ensure the prevention of the potential spread of infection. Contracted lab to provide inservice training to lab technicians regarding facility's infection control program by 4/12/12. New soiled linen barrels for linens from isolation rooms designated in three soiled utility rooms. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice.<br>One-on-one inservicing by Infection Control nurse conducted by 4/6/12 for those staff that may need further education related to | |

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| | set aside.<br>During an interview at 9:49 a.m. on this date, 3/15/12, with RN #3, she indicated bagged linen from an isolation room should be taken to the soiled utility room and placed in the red container, but at 10:56 a.m. RN #3 indicated the bags containing soiled linen and clothing from isolation rooms should be taken directly to the laundry by staff, not placed in the soiled utility room.<br><br>At 9:40 a.m., a contracted lab technician was observed coming out of Resident #67's room. She was observed removing her gown and gloves and placing them in a plastic bag before leaving the room. She did not wash her hands after she took off her gloves. At 10:00 a.m. the contracted lab technician again exited from Resident #67's room after removing her gloves and gown and placing them in a plastic bag. She again did not wash her hands before exiting the room.<br><br>During an interview with the Administrator on 3/16/12 at 9:00 a.m., she indicated soiled linen and clothing from isolation rooms should be placed in the regular soiled container in the utility room along with the other soiled linen and clothing. She indicated | | infection control program and preventing the spread of infection. All staff, including nursing and laundry staff, to complete inservice training and skills validation by 4/12/12 on Infection Control precautions including, but not limited to, isolation rooms with posting at door cautioning staff or visitors before entering room, proper use of gloves when removing items from isolation room, proper transport and placement of soiled linens from isolation room, handwashing, and proper use of personal protective equipment to ensure the prevention of the potential spread of infection. Contracted lab to provide inservice training to lab technicians regarding facility's infection control program by 4/12/12. New soiled linen barrels for linens from isolation rooms designated in three soiled utility rooms. What measures will you put in place or what systematic changes you will make to ensure that the deficient practice does not recur? All staff, including nursing and laundry staff, to complete inservice training and skills validation by 4/12/12 on Infection Control precautions including, but not limited to, isolation rooms with posting at door cautioning staff or visitors before entering room, proper use of gloves when removing items from isolation room, proper transport and placement of soiled | |

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| | everything is washed together because the chemicals will disinfect everything.<br><br>During an interview with the Housekeeping Supervisor on 3/16/12 at 10:00 a.m., she indicated the staff is supposed to bag isolation linen and clothing separately and set it aside, and laundry staff then knows it is from an isolation room and treats it differently.<br><br>Review of a policy titled "Pathogen Reduction for On-Premise Laundry," received from the Administrator on 3/13/12 at 2:20 p.m., indicated "...Bags containing contaminated laundry must be clearly identified with labels, color-coding, or other methods so that health-care workers handle these items safely..."<br><br>During an interview with Licensed Practical Nurse (LPN) #5 on 3/16/12 at 6:10 p.m., he indicated 20 residents were currently residing on the 300 hall where CNAs #1 and #2 were working.<br><br>On 3/12/12, 4:44 p.m. Laundry Aide #4 was observed wearing a yellow isolation gown out in the hallway near the front lobby. During an interview with her at this time, she indicated | | linens from isolation room, handwashing, and proper use of personal protective equipment to ensure the prevention of the potential spread of infection. Infection Control nurse and Laundry Supervisor will provide increased monitoring for appropriate transportation of linens, handwashing, and proper use of personal protective equipment. Infection control nurse or designee will complete infection control audit tool 5x weekly for 4 weeks and monthly thereafter to ensure staff are providing safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection through facility's infection control program. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Infection control nurse or designee will complete infection control audit tool 5x weekly for 4 weeks and monthly thereafter to ensure staff are providing safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection through facility's infection control program. If 95% threshold is not achieved an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance. | |

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| | she wore it while she worked in the laundry room with the residents' soiled linen and clothing. She indicated she keeps the gown on when she leaves the laundry room and goes out into the facility where the residents live. During an interview with the Housekeeping Supervisor on 3/16/12 at 10:00 a.m., she indicated the laundry aides were supposed to wear gowns and gloves at all times when working with soiled linen and clothing. She indicated if the laundry aides leave the laundry area, they should remove their gowns and gloves.<br><br>Review of an Infection Control Policy received from the DoN (Director of Nursing) on 3/15/12 at 4:00 p.m., indicated "...Hand Hygiene...Perform hand hygiene:..after contact with blood, body fluids or excretions, mucous membranes, non-intact skin or wound dressing, After contact with intact skin...After removing gloves...Gloves Wear gloves when it can be anticipated that contact with blood or other potentially infectious materials....providing direct resident care, cleaning environment or equipment...Gown..Perform hand hygiene before leaving room...Transmission-Based Precautions:...Post a 'Please, See | | | |

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| | Nurse' sign on the door frame...."<br><br>3.1-18(b)(2)<br>3.1-18(j)<br>3.1-18(l) | | | |

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| F0520 SS=F | 483.75(o)(1)<br>QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS<br><br>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.<br><br>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.<br><br>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.<br><br>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.<br><br>Based on interview and observation, the facility failed to effectively address identified concerns regarding infection control, resident liability and providing a list of items/services not covered by Medicare/Medicaid, informing residents of their rights, including the availability of state survey results. This had the potential to affect 81 of 81 residents residing in the facility.<br><br>Findings include: | F0520 | What corrective action(s) will be accomplished for those Residents found to have been affected by the deficient practice? Quality Assurance Committee held meeting on 3/27/12 to address areas of infection control, resident liability and providing list of items/services not covered by Medicare/Medicaid, informing Residents of their rights, including the availability of state survey results. Quality Assurance Committee developed audit tools by 4/3/12 to utilize at least | 04/12/2012 |

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| | On 3-16-12 at 4:30 p.m., during interview with the ED (Executive Director), she indicated the following: The Quality Assurance Committee had not addressed resident rights. The ED indicated the facility failed to ensure the results of the most recent survey conducted by State Surveyors with the facility's plan of correction was displayed in a manner which was easily accessible to residents and visitors.<br><br>The Quality Assurance Committee had not addressed providing any information about resident liability nor did the committee discuss providing the facility service charge list of items not covered by Medicaid and/or Medicare.<br><br>The Quality Assurance Committee had not addressed the infection control program. The ED indicated they have some prevention tools in place.<br><br>3.1-52(a) | | quarterly to identify issues with respect to quality assessment and assurance of infection control, resident liability and providing list of item/services not covered by Medicare/Medicaid, informing Residents of their rights including the availability of state survey results. Medical Director to approve plan by 4/6/12. How will you identify other Residents having the potential to be affected by the same deficient practice? All Residents have the potential to be affected by this alleged deficient practice. Items in grievance logs utlized by Residents, families, visitors, and staff will be reviewed by Quality Assurance Committee. Quality Assurance Committee held meeting on 3/27/12 to address areas of infection control, resident liability and providing list of items/services not covered by Medicare/Medicaid, informing Residents of their rights, including the availability of state survey results. Quality Assurance Committee developed audit tools by 4/3/12 to utilize at least quarterly to identify issues with respect to quality assessment and assurance of infection control, resident liability and providing list of item/services not covered by Medicare/Medicaid, informing Residents of their rights including the availability of state survey results. Medical Director to approve plan by 4/6/12. What measures will you put in place or | |

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| | | | what systematic changes you will make to ensure that the deficient practice does not recur? State survey results audit tool will be utilized for availability and posting of survey results weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure physical posting and availability of survey results. Residents Rights audit tool will be utilized for Residents Rights, Ombudsman, and services not covered by Medicare and Medicaid weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure new admissions are provided with Residents Rights, Ombudsman information, and services not covered by Medicare and Medicaid. In addition Residents, including but not limited to Resident Council members, will remain familiar with the availability. Infection control audit tool will be utilized for Infection Control 5 x weekly for 4 weeks, then monthly thereafter to ensure staff utilize appropriate infection control practices, including but not limited to, preventing the spread of infection related to Residents on isolation. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place? Quality Assurance Committee will meet monthly to identify issues and implement appropriate plans to correct deficiencies including but | |

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| | | | not limited to, infection control, resident liability and providing list of items/services not covered by Medicare/Medicaid, informing Residents of their rights, including the availability of state survey results utilizing audit tools. Items in grievance logs utlized by Residents, families, visitors, and staff will be reviewed by Quality Assurance Committee. State survey results audit tool will be utilized for availability and posting of survey results weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure physical posting and availability of survey results. Residents Rights audit tool will be utilized for Residents Rights, Ombudsman, and services not covered by Medicare and Medicaid weekly x 4 weeks, monthly x 6, then quarterly thereafter to ensure new admissions are provided with Residents Rights, Ombudsman information, and services not covered by Medicare and Medicaid. In addition Residents, including but not limited to Resident Council members, will remain familiar with the availability. Infection Control audit tool will be utilized for Infection Control 5 x weekly for 4 weeks, then monthly thereafter to ensure staff utilize appropriate infection control practices, including but not limited to, preventing the spread of infection related to Residents on isolation. If 95%threshold is not achieved | |

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| | | | an action plan will be developed, one-on-one re-education and/or disciplinary action may occur for noncompliance. | |